

CONTINUOUS INFUSIONS & LOADING DOSES			Flow rate = $\frac{\text{Prescribed Dose}}{\text{Default Rate (mL/hour)}}$	
ALL CLINICAL AREAS (excluding CHI PICUs and Theatres)				
Drug	Weight Band	Standard Concentration Infusion (SCI)	Default Dose and Rate Calculator All Weights in kg - rounding can occur	
			Default dose on pump	Default rate (mL/hr)
Adrenaline	All ≤5kg >5 - ≤10kg All >10kg	1mg/50mL 3mg/50mL 6mg/50mL	0.05 microgram/kg/min	0.15 x Wt 0.05 x Wt 0.025 x Wt
Adrenaline Peripheral <i>For emergency use pending central access</i>	All ≤10kg All >10kg	1mg/50mL 3mg/50mL	0.05 microgram/kg/min	0.15 x Wt 0.05 x Wt
ALTEPLASE: Contact Consultant Paediatric Haematologist Before Use				
Alteplase Load Weight-based >20kg also offered non weight-based option below <i>Variable volume; use the same solution for load and continuous infusion</i>	≤2.5kg >2.5 - ≤5kg >5 - ≤10kg All >10kg	0.2mg/mL 0.5mg/mL 1mg/mL 2mg/mL in NaCl 0.9%w/v ONLY	0.1 mg/kg over 10 mins	VTBI (mL) = 0.5 x Wt VTBI (mL) = 0.2 x Wt VTBI (mL) = 0.1 x Wt VTBI (mL) = 0.05 x Wt
Alteplase Infusion Weight-based >20kg also offered non weight-based option below	≤2.5kg >2.5 - ≤5kg >5 - ≤10kg All >10kg	0.2mg/mL 0.5mg/mL 1mg/mL 2mg/mL in NaCl 0.9%w/v ONLY	0.1 mg/kg/hour	0.5 x Wt 0.2 x Wt 0.1 x Wt 0.05 x Wt
Alteplase Load NON weight-based <i>Use the same solution for load and continuous infusion</i>	>20kg ONLY	2mg/mL (variable volume)	10 mg over 10 mins	VTBI = 5mL
Alteplase Infusion NON weight-based	>20kg ONLY	2mg/mL (variable volume)	15 mg/hour	7.5mL/hour
Aminophylline Load CVAD <i>Use the same solution for load and maintenance infusion</i>	All <10kg 10 - 20kg >20kg	250mg/25mL 500mg/50mL 1000mg/50mL	5 mg/kg over 30mins	VTBI (mL) = 0.5 x Wt VTBI (mL) = 0.5 x Wt VTBI (mL) = 0.25 x Wt
Aminophylline Maintenance CVAD	All ≤10kg >10 - ≤20kg >20kg	250mg/25mL 500mg/50mL 1000mg/50mL	0.5 mg/kg/hour	0.05 x Wt 0.05 x Wt 0.025 x Wt
Aminophylline Load Peripheral <i>Use the same solution for load and maintenance infusion</i>	≤2.5kg All >2.5kg	50mg/50mL ONLY 50mg/50mL or 500mg/500mL	5 mg/kg over 30mins	VTBI (mL) = 5 x Wt
Aminophylline Maintenance Peripheral	≤ 2.5kg All >2.5kg	50mg/50mL ONLY 50mg/50mL or 500mg/500mL	0.5 mg/kg/hour	0.5 x Wt
Amiodarone Load CVAD Weight-based >60kg also offered non weight-based option below <i>Use the same solution for load and maintenance infusion</i>	All ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	50mg/50mL 150mg/50mL 300mg/50mL 600mg/50mL in Glucose 5%w/v ONLY	5 mg/kg over 1 hour	VTBI (mL) = 5 x Wt VTBI (mL) = 1.67 x Wt VTBI (mL) = 0.83 x Wt VTBI (mL) = 0.42 x Wt
Amiodarone Maintenance CVAD Weight-based >60kg also offered non weight-based option below	All ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	50mg/50mL 150mg/50mL 300mg/50mL 600mg/50mL in Glucose 5%w/v ONLY	5 microgram/kg/min	0.3 x Wt 0.1 x Wt 0.05 x Wt 0.025 x Wt
Amiodarone Load CVAD (300mg Dose) NON weight-based (Pts >60kg) <i>Use the same solution for load and maintenance infusion</i>	>20kg ONLY	600mg/50mL in Glucose 5%w/v ONLY	300 mg over 1 hour	VTBI = 25mL
Amiodarone Maintenance CVAD NON weight-based (Pts >60kg)	>20kg ONLY	600mg/50mL in Glucose 5%w/v ONLY	50 mg/hr (if load given, reduce to 40mg/hr for next 23 hours)	4.2ml/hr for 1 hour (3.33ml/hr at 40mg/hr)
Amiodarone Load Peripheral Weight-based >60kg also offered non weight-based option below <i>Use the same solution for load and maintenance infusion</i>	All ≤ 10kg > 10kg	50mg/50mL 300mg/250mL in Glucose 5%w/v ONLY	5 mg/kg over 1 hour	VTBI (mL) = 5 x Wt VTBI (mL) = 4.2 x Wt
Amiodarone Maintenance Peripheral Weight-based >60kg also offered non weight-based option below	All ≤ 10kg > 10kg	50mg/50mL 300mg/250mL in Glucose 5%w/v ONLY	5 microgram/kg/min	0.3 x Wt 0.25 x Wt
Amiodarone Load Peripheral (300mg dose) NON weight-based (Pts >60kg) <i>Use the same solution for load and maintenance infusion</i>	>20kg ONLY	300mg/250mL in Glucose 5%w/v ONLY	300 mg over 1 hour	VTBI = 250mL
Amiodarone Maintenance Peripheral NON weight-based (Pts >60kg)	>20kg ONLY	300mg/250mL in Glucose 5%w/v ONLY	50 mg/hr (if load given, reduce to 40mg/hr for next 23 hours)	41.7mL/hr for 1 hour (33.3ml/hr at 40mg/hr)

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ALL CLINICAL AREAS (excluding CHI PICUs and Theatres)				
Drug	Weight Band	Standard Concentration Infusion (SCI)	Default Dose and Rate Calculator All Weights in kg - rounding can occur	
			Default dose on pump	Default rate (mL/hr)
Arginine Load	All	5g/50mL (Perfusor) or 100mg/mL (Infusomat)	250 mg/kg	VTBI (mL) = 2.5 x Wt
<i>Use the same solution for load and maintenance infusion</i>				
Arginine Maintenance	All	5g/50mL (Perfusor) or 100mg/mL (Infusomat) in Glucose 10%w/v ONLY	200 mg/kg/24hours	0.083 x Wt
Atracurium Infusion	All ≤5kg All >5kg	40mg/20mL 10mg/mL (Neat) (variable volume)	300 microgram/kg/hr	0.15 x Wt 0.03 x Wt
Calcium Gluconate CVAD Continuous Weight-based	All	0.225mmol/mL (Neat) (variable volume)	0.5 mmol/kg/24hrs 5-10kg weight band only: 1 mmol/kg/24hrs	0.092xWt 5-10kg only: 0.184 x Wt
Calcium Gluconate CVAD Continuous (8.8mmol/24hr) NON weight-based (Pts >20kg)	>20kg ONLY	0.225mmol/mL (Neat) (variable volume)	8.8 mmol/24hrs	1.62mL/hr
Calcium Gluconate Peripheral Continuous Weight-based	All	0.045mmol/mL (variable volume)	0.5 mmol/kg/24hrs 5-10kg weight band only: 1mmol/kg/24hrs	0.462xWt 5-10kg only: 0.925 x Wt
Calcium Gluconate Peripheral Continuous (8.8mmol/24hr) NON weight-based (Pts >20kg)	>20kg ONLY	0.045mmol/mL (variable volume)	8.8 mmol/24hrs	8.14mL/hr
Clonidine Continuous CVAD (ideally)	All ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	150microgram/50mL 300microgram/50mL 600microgram/50mL 1200microgram/50mL	0.5 microgram/kg/hr	0.167 x Wt 0.084 x Wt 0.042 x Wt 0.021 x Wt
Dexmedetomidine Load	All	200mcg/50mL	1 microgram/kg over 20min	VTBI (mL) = 0.25 x Wt
<i>Use the same solution for load and maintenance infusion</i>				
Dexmedetomidine Maintenance	All	200mcg/50mL	0.5 microgram/kg/hr	0.125 x Wt
Dinoprostone	All ≤10kg	50microgram/50mL in Glucose 5%w/v ONLY	5 nanogram/kg/min	0.3 x Wt
Dobutamine CVAD (ideally)	≤2.5kg >2.5 - ≤10kg All >10kg	75mg/50mL 150mg/50mL 250mg/50mL CVAD only	5 microgram/kg/min	0.2 x Wt 0.1 x Wt 0.06 x Wt
Dopamine CVAD	≤2.5kg >2.5 - ≤10kg All >10kg	75mg/50mL 150mg/50mL 250mg/50mL	5 microgram/kg/min	0.2 x Wt 0.1 x Wt 0.06 x Wt
Dopamine Peripheral	All	75mg/50mL or 1.5 mg/mL (variable volume)	5 microgram/kg/min	0.2 x Wt
Epoprostenol Caution: multiple concentrations available	<10kg ONLY All All >10kg ONLY	20mcg/40mL 80mcg/40mL 500mcg/50mL 2000mcg/50mL Glycine diluent only	2 nanogram/kg/min	0.24 x Wt 0.06 x Wt 0.012 x Wt 0.003 x Wt
Esmolol CVAD (ideally)	All	10mg/mL (Neat) OR 2500mg/250mL	50 microgram/kg/min	0.3 x Wt
Fentanyl	All ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	250mcg/50mL 500mcg/50mL 1000mcg/50mL 2500mcg/50mL	1 microgram/kg/hr	0.2 x Wt 0.1 x Wt 0.05 x Wt 0.02 x Wt
Flecainide Load	All ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	50mg/50mL 50mg/50mL 150mg/50mL 250mg/50mL in Glucose 5%w/v ONLY	≤5kg: no default >5kg: 2 mg/kg	≤5kg: Variable VTBI (mL) = 2 x Wt VTBI (mL) = 0.66 x Wt VTBI (mL) = 0.4 x Wt
<i>Use the same solution for load and continuous infusion</i>				
Flecainide Continuous	All ≤10kg >10 - ≤20kg >20kg	50mg/50mL 150mg/50mL 250mg/50mL in Glucose 5%w/v ONLY	100 microgram/kg/hr	0.1 x Wt 0.033 x Wt 0.02 x Wt
Furosemide Continuous	All ≤10kg >10 - ≤20kg >20kg	50mg/50mL 100mg/50mL 500mg/50mL (Neat) in NaCl 0.9%w/v ONLY	0.125 mg/kg/hr	0.125 x Wt 0.0625 x Wt 0.0125 x Wt
Glucagon CVAD (ideally)	≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	0.5mg/50mL 1mg/50mL 2mg/50mL 5mg/50mL	1 microgram/kg/hour	0.1 x Wt 0.05 x Wt 0.025 x Wt 0.01 x Wt

CONTINUOUS INFUSIONS & LOADING DOSES			Flow rate = $\frac{\text{Prescribed Dose}}{\text{Default Rate (mL/hour)}}$	
ALL CLINICAL AREAS (excluding CHI PICUs and Theatres)			Default Start Dose	
Drug	Weight Band	Standard Concentration Infusion (SCI)	Default Dose and Rate Calculator	
			All Weights in kg - rounding can occur	
			Default dose on pump	Default rate (mL/hr)
Glyceryl Trinitrate <i>CVAD only</i>	All ≤5kg All >5kg	20mg/50mL 50mg/50mL	1 microgram/kg/min	0.15 x Wt 0.06 x Wt
Heparin Load	All ≤5kg >5 - ≤20kg >20kg	2,500units/50mL 10,000units/50mL 25,000units/50mL	75 units/kg over 10mins	VTBI (mL) = 1.5 x Wt VTBI (mL) = 0.375 x Wt VTBI (mL) = 0.15 x Wt
<i>Use the same solution for load and therapeutic infusion</i>				
Heparin (Therapy < 1yr)	All ≤5kg >5 - ≤20kg	2,500units/50mL 10,000units/50mL	28 units/kg/hr	0.56 x Wt 0.14 x Wt
Heparin (Therapy > 1yr)	>5 - ≤20kg >20kg	10,000units/50mL 25,000units/50mL	20 units/kg/hr	0.1 x Wt 0.04 x Wt
Insulin Used for DKA and Hyperglycaemia	All ≤5kg	**5**units/50mL in NaCl 0.9%w/v ONLY	≤5kg (5units/50mL): 0.01 units/kg/hr	≤5kg (5units/50mL): 0.1 x Wt
	Caution: 10-fold concentration difference			
	>5 - ≤10kg All >10kg	**50**units/50mL in NaCl 0.9%w/v ONLY	>5 - ≤10kg: no default; dose depends on indication >10kg: 0.1 units/kg/hr	>10kg: 0.1 x Wt
Isoprenaline Weight-based (Pts <20kg only) All >5kg also offered non weight-based option below as adult dose can be reached quickly	≤2.5kg >2.5 - ≤5kg >5 - ≤20kg	0.2mg/10mL 0.4mg/20mL 1mg/50mL in Glucose 5%w/v ONLY	0.05 microgram/kg/min	All: 0.15 x Wt
Isoprenaline <i>NON</i> weight-based (Pts > 5kg)	All >5kg	1mg/50mL in Glucose 5%w/v ONLY	1 microgram/min	3ml/hr
Ketamine <i>CVAD</i> (ideally)	All ≤10kg >10 - ≤20kg >20kg	50mg/50mL 100mg/50mL 200mg/50mL	2 microgram/kg/min	0.12 x Wt 0.06 x Wt 0.03 x Wt
Labetalol	≤2.5kg All >2.5kg	50mg/50mL 50mg/50mL or 1mg/mL (variable vol.)	0.5 mg/kg/hr	0.5 x Wt
Lidocaine <i>(Large volume neat solution may be given using 250ml empty bag)</i>	All	5mg/mL (variable volume)	None	Variable
Liothyronine Weight-based (Use bolus function to give loading dose)	All	20microgram/20mL	0.05 microgram/kg/hr	0.05 x Wt
Liothyronine <i>NON</i> weight-based (Pts > 20kg) (Use bolus function to give loading dose)	>20kg ONLY	20microgram/20mL	None	Variable
Midazolam	≤2.5kg >2.5 - ≤5kg >5 - ≤20kg >20kg	10mg/50mL 25mg/50mL 50mg/50mL 100mg/50mL	1 microgram/kg/min	0.3 x Wt 0.12 x Wt 0.06 x Wt 0.03 x Wt
Milrinone Load	All ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	5mg/50mL 10mg/50mL 20mg/50mL 50mg/50mL (Neat)	50 microgram/kg over 30 mins	VTBI (mL) = 0.5 x Wt VTBI (mL) = 0.25 x Wt VTBI (mL) = 0.125 x Wt VTBI (mL) = 0.05 x Wt
<i>Use the same solution for load and maintenance infusion</i>				
Milrinone Maintenance	All ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	5mg/50mL 10mg/50mL 20mg/50mL 50mg/50mL (Neat)	0.5 microgram/kg/min	0.3 x Wt 0.15 x Wt 0.075 x Wt 0.03 x Wt
Morphine	≤2.5kg >2.5 - ≤5kg >5 - ≤10kg >10 - ≤20kg >20kg	2.5mg/50mL 5mg/50mL 10mg/50mL 20mg/50mL 50mg/50mL	20microgram/kg/hr	0.4 x Wt 0.2 x Wt 0.1 x Wt 0.05 x Wt 0.02 x Wt
Noradrenaline	All ≤5kg >5 - ≤10kg All >10kg	1mg/50mL 3mg/50mL 6mg/50mL	0.05microgram/kg/min	0.15 x Wt 0.05 x Wt 0.025 x Wt

CONTINUOUS INFUSIONS & LOADING DOSES			Flow rate = $\frac{\text{Prescribed Dose}}{\text{Default Rate (mL/hour)}}$	
ALL CLINICAL AREAS (excluding CHI PICUs and Theatres)			Default Start Dose	
Drug	Weight Band	Standard Concentration Infusion (SCI)	Default Dose and Rate Calculator All Weights in kg - rounding can occur	
			Default dose on pump	Default rate (mL/hr)
Octreotide (dose = 1-3microgram/kg/hr) (Suggested concentration for 1-3microgram/kg/hr)	All ≤5kg	150mcg/20mL	1 microgram/kg/hr	0.133 x Wt
	>5 - ≤10kg	300mcg/20mL		0.067 x Wt
	All >10kg	500mcg/20mL		0.04 x Wt
		in NaCl 0.9%w/v ONLY		
Octreotide (dose = 4-6microgram/kg/hr) (Suggested concentration for 4-6microgram/kg/hr)	All ≤10kg	500mcg/20mL	1 microgram/kg/hr	0.04 x Wt
	>10 - ≤20kg	1000mcg/20mL		0.02 x Wt
	>20kg	2000mcg/20mL		0.01 x Wt
		in NaCl 0.9%w/v ONLY		
Octreotide (dose = 7-12microgram/kg/hr) (Suggested concentration for 7-12microgram/kg/hr)	All ≤10kg	1000mcg/20mL	1 microgram/kg/hr	0.02 x Wt
	All >10kg	2000mcg/20mL		0.01 x Wt
		in NaCl 0.9%w/v ONLY		
Oxycodone	≤2.5kg	2.5mg/50mL	20 microgram/kg/hr	0.4 x Wt
	>2.5 - ≤5kg	5mg/50mL		0.2 x Wt
	>5 - ≤10kg	10mg/50mL		0.1 x Wt
	>10 - ≤20kg	20mg/50mL		0.05 x Wt
	>20kg	50mg/50mL		0.02 x Wt
Phenylephrine <u>CVAD</u> only	All ≤10kg	1mg/50mL	0.05 microgram/kg/min	0.15 x Wt
	All >10kg	3mg/50mL		0.05 x Wt
Propofol 1%	All	10mg/mL (variable volume)	2 mg/kg/hr	0.2 x Wt
Remifentanyl	All ≤5kg	1mg/50mL	0.1 microgram/kg/min	0.3 x Wt
	All >5kg	2mg/50mL		0.15 x Wt
Rocuronium	≤2.5kg	100mg/40mL	300 microgram/kg/hr	0.12 x Wt
	>2.5 - 10kg	250mg/50mL		0.06 x Wt
	All >10kg	10mg/mL (Neat)		0.03 x Wt
Salbutamol Weight-based >20kg also offered non weight-based option below	All ≤10kg	10mg/50mL	≤10kg: 1 microgram/kg/min >10kg: 0.2 microgram/kg/min	0.3 x Wt
	All >10kg	10mg/50mL		0.06 x Wt
Salbutamol NON weight-based (Pts > 20kg)	>20kg ONLY	10mg/50mL	5 microgram/min	1.5ml/hr
Sildenafil Load	All	10mg/50mL	0.1 mg/kg over 30 minutes	VTBI (mL) = 0.5 x Wt
<i>Use the same solution for load and maintenance infusion</i>				
Sildenafil Maintenance	All	10mg/50mL	0.03 mg/kg/hr	0.15 x Wt
Sodium Benzoate Load	All	2g/40mL (Perfusor) or 50mg/mL (Infusomat)	250 mg/kg	VTBI (mL) = 5 x Wt
		in Glucose 10%w/v ONLY		
<i>Use the same solution for load and maintenance infusion</i>				
Sodium Benzoate Maintenance	All	2g/40mL (Perfusor) or 50mg/mL (Infusomat)	500 mg/kg/24hours	0.417 x Wt
		in Glucose 10%w/v ONLY		
Sodium Bicarbonate Continuous <u>CVAD</u>	All	0.2mmol/mL (variable volume)	None	Variable
Sodium Bicarbonate Continuous <u>Peripheral</u>	All	0.1mmol/mL (variable volume)	None	Variable
Sodium Phenylbutyrate Load	All	2g/40mL (Perfusor) or 50mg/mL (Infusomat)	250 mg/kg	VTBI (mL) = 5 x Wt
		in Glucose 10%w/v ONLY		
<i>Use the same solution for load and maintenance infusion</i>				
Sodium Phenylbutyrate Maintenance	All	2g/40mL (Perfusor) or 50mg/mL (Infusomat)	500 mg/kg/24hours	0.417 x Wt
		in Glucose 10%w/v ONLY		

CONTINUOUS INFUSIONS & LOADING DOSES			Flow rate = $\frac{\text{Prescribed Dose}}{\text{Weight}} \times \text{Default Rate (mL/hour)}$	
ALL CLINICAL AREAS (excluding CHI PICUs and Theatres)			Default Start Dose	
Drug	Weight Band	Standard Concentration Infusion (SCI)	Default Dose and Rate Calculator All Weights in kg - rounding can occur	
			Default dose on pump	Default rate (mL/hr)
Sodium Phosphate CVAD	All	0.12mmol/mL (variable volume)	None	Variable
Sodium Phosphate Peripheral	All	0.05mmol/mL (variable volume)	None	Variable
Sodium Nitroprusside	All ≤5kg All >5kg	25mg/50mL 50mg/50mL in Glucose 5%w/v ONLY	0.5 microgram/kg/min	0.06 x Wt 0.03 x Wt
Tranexamic Acid Continuous Dilute (Loading dose offered as soon as infusion has started)	All	20mg/mL (variable volume)	1 mg/kg/hour	0.05 x Wt
Tranexamic Acid Continuous NEAT (Loading dose offered as soon as infusion has started)	All	100mg/mL (variable volume)	1 mg/kg/hour	0.01 x Wt
Vasopressin	All ≤5kg >5 - ≤10kg All >10kg	5unit/50mL 20unit/50mL 50unit/50mL	0.5 mUnit/kg/min (0.0005unit/kg/min) Note: 1mUnit = 0.001unit	0.3 x Wt 0.075 x Wt 0.03 x Wt
Vecuronium CVAD (ideally)	All ≤5kg >5 - ≤10kg All >10kg	8mg/20mL 20mg/50mL 50mg/50mL	50microgram/kg/hour	0.125 x Wt 0.125 x Wt 0.05 x Wt

Available on the drug library with no fixed concentration:

Albumin 5%	Flush PICC 1Fr Line	Flush Post Dose	Flush Replogle	Flush TAT
Gelofusine 4%	Glucose 10% Bolus	Infliximab	IV Fluids incl bolus	Octoplas
Platelets	PN (formerly TPN)	Red Cells	Rituximab	Tocilizumab
Vedolizumab				

Disclaimer: Every effort has been made to ensure the information is accurate and up to date. The authors cannot accept any legal responsibility for any errors or omissions. Differences in available drug preparations, and the manner in which concentrations are expressed, can produce minor discrepancies in final concentrations and calculated flow rates. In recognition of the need to stabilise children, other settings/hospitals may refer to this table but are solely responsible for all acts or omissions carried out in connection with, or in reliance on the material provided.